## STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

## RECEIVED

PLEASE PRINT

JUL 2 6 2018

			300 20 2010
I. Name of Lobbyist(s) <u>Fr</u>	ancis C. O'Brien		NEW HAMPSHIRE DEPARTMENT OF STATI
II. Name of lobbyist's part	nership, firm or corporation, if a	ıny:	
Property Casualty Ins	urers Association of Ameri	ca	
<u></u>	artnership, firm or corporation)		<u>_</u>
8700 W Bryn Mawr A	ve, Ste 1200S, Chicago, IL 6	0631	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(847) 297-7800	(847) 297-5064	e-mail complia	nce@pciaa.net
(Telephone)	(Fax		
reportable expense transac	(Choose one – file separate repo tions which are not attributable ns occurring in the months prior to	to any one client).	
(Full	Name of Client as it appears on the L	obbyist Registration Form)	
	ns by the lobbyist (including the lo	bbyist's family), or the lobbyin	g firm listed below which are
	ril 25, 2018  m date of registration to 3/31/18	July 25, 2018 <b>X</b> activity from 4/1/18 to 6/30/18	}
	tober 31, 2018   y from 7/1/18 to 9/30/18	January 30, 2019 [] activity from 10/1/18 to 12/31	1/18
	ees received and no reportabl lete just this form and submit it to t		
VI. Check if additional rep	oorts are attached:		
-	s or made expenditures, you must		
☐ If you have paid an hon- Expense Reimbursement	orarium or reimbursed expenses, y	ou must file Addendum B- Re	eport of Honorariums or
☐ If you, your firm, or you	ır family has made political contril	butions, you must file Addendo	um C- Political Contributions
and complete to the best of	5-B, RSA 14-C and RSA 664 and many knowledge and belief.	hereby swear or affirm that the	foregoing information is true
Trancis C.OB, ion	<del>)</del>	July 25, 2018	
(Signature of lobbyist)	·	(Da	ite)
Francis C. O'Brien	i		
(Print Name of lobbyist)			